



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 4659

|  |   |                                |   |  |
|--|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/681,621   | <b>FILING DATE</b><br>05/10/2001<br><b>RULE</b>   | <b>CLASS</b><br>340            | <b>GROUP ART UNIT</b><br>2635   | <b>ATTORNEY DOCKET NO.</b><br>0391999515-0 |
| <b>APPLICANTS</b><br>Kenneth Brakeley Welles II, Scotia, NY;<br>John E. Hershey, Ballston Lake, NY;<br>Ralph T. Hctor, Saratoga Springs, NY;<br>David M. Davenport, Niskayuna, NY;   |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br><i>None EA</i>  |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>No No EA</i>  |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 06/06/2001</b>   |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>DA</i> |   | <b>STATE OR COUNTRY</b><br>NY  | <b>SHEETS DRAWING</b><br>16   | <b>TOTAL CLAIMS</b><br>53                  |
| Verified and Acknowledged<br>Examiner's Signature <i>DA</i> Initials   |   | <b>INDEPENDENT CLAIMS</b><br>5 |   |  |
| <b>ADDRESS</b><br>23409  |   |                                |   |  |
| <b>TITLE</b><br>Location system using retransmission of identifying information  |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>1464   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |